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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/708,172
	Filing Date	November 7, 2000
	First Named Inventor	Timothy Lee Erickson, et al
	Art Unit	2663
	Examiner Name	Lee, Chi Ho A.
Total Number of Pages in This Submission	Attorney Docket Number	350583.00111


ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Petition To Revoke; Issue Fee Transmittal Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Doyle B. Johnson (Reg. No. 39,240) REED SMITH LLP
Signature	
Date	June 8, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Norma E. Gillespie		
Signature		Date	June 8, 2006

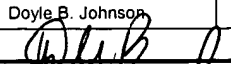
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>	Complete if Known	
	Application Number	09/708,172
	Filing Date	November 7, 2000
	First Named Inventor	Timothy Lee Erickson
	Examiner Name	Lee, Chi Ho A.
	Group / Art Unit	2663
TOTAL AMOUNT OF PAYMENT (\$)		2,900
Attorney Docket No.		350583.00111

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 50-2603</p> <p>Deposit Account Name: REED SMITH LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 0)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td>-20**</td> <td>=</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>-3**</td> <td>=</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> <td></td> <td></td> </tr> </table> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 0)</td> </tr> </tbody> </table>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$ 0)	Total Claims	-20**	=	0	X	0	=	0	Independent Claims	-3**	=	0	X	0	=	0	Multiple Dependent		X	0	=	0			Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0)	<p>3. 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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Doyle B. Johnson	Registration No. Attorney/Agent)	39,240	Telephone	(415) 659-5969
Signature		Date	June 8, 2006		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.